



**REDACTED - FOR PUBLIC INSPECTON**

June 27, 2016

Ms. Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street. SW  
Room TW-A325  
Washington, DC 20554

Re: WC Docket No. 10-90, 11-42, 14-58: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of the Form 481 Annual Reporting Requirements and Certifications for Ace Telephone Association, Study Area Codes 351346. Ace Telephone Association is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. This filing contains public information.

A confidential "trade secret" filing pursuant to 47 C.F.R. §0.459 – Requests that materials or information submitted to the Commission be withheld from public inspection was also made under the Docket 10-90, 11-42 and 14.58.

Should you have any questions, please contact me via e-mail at [csweet@acentek.net](mailto:csweet@acentek.net) or by phone at 507/896-6211.

Sincerely,

A handwritten signature in blue ink that reads "Cynthia Sweet".

Cynthia Sweet  
Controller

Enclosures

FCC Form 481 - Carrier Annual Reporting Data Collection Form		REDACTED FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351346	
<015>	Study Area Name	ACE TEL ASSN-IA	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net	
Form Type		54.313 and 54.422	

# REDACTED FOR PUBLIC INSPECTION

Page 2

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--	--

  

<010>	Study Area Code	351346
<015>	Study Area Name	ACP TEL ASSN-IA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acntek.net

  

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

  

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

351346IA112.pdf

  

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

Name of Attached Document

  

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

Page 2

## Page 3

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASEN-1A
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5018966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<210> For the prior calendar year, were there any reportable voice service outages? No

[illegible]

# REDACTED FOR PUBLIC INSPECTION

Page 4

(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	351346
<015> Study Area Name	NCB TBL ASSN-1A
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@arentek.net

<300> Unfulfilled service request (voice)	0
---	---

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0
---

<330> Detail on attempts (broadband)

Name of Attached Document

Page 4

(400) Number of Complaints per 1,000 customers  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351366
<015>	Study Area Name	ACB TEL AREA-1A
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	c.sweet@acbs.org
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

# REDACTED FOR PUBLIC INSPECTION

Page 6

(500) Compliance With Service Quality Standards and Consumer Protection Rules  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASST-1A
<010>	Program Year	2012
<010>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	8078944211 ext.
<030>	Contact Email Address - Email Address of person identified in data line <030>	cevent@centek.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes

351346TA510.pdf

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance

(600) Functionality in Emergency Situations  
Data Collection Form

**REDACTED FOR PUBLIC INSPECTION**

ECC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACS TEL AREA 1A
<020>	Program Year	2012
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	8078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acenetek.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	351346TA610.pdf



**REDACTED FOR PUBLIC INSPECTION**

(700) Price Offerings Including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	301346
<015>	Study Area Name	ACS TEL ASSN-IA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507996231 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawest@acenet.net

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

[illegible]

**REDACTED FOR PUBLIC INSPECTION**

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
---	---

<010>	Study Area Code	351346
<015>	Study Area Name	ACU TEL AERN-IA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acnetek.net

[illegible]

**REDACTED FOR PUBLIC INSPECTION**

<b>(800) Operating Companies</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351246
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	8078946211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csw@ace-telephone.net
<810>	Reporting Carrier	Ace Telephone Association
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association

[illegible]

# REDACTED FOR PUBLIC INSPECTION

Page 11

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	351346
<015> Study Area Name	ACE TBL ASSN-IA
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet4acentek.net
<900> Does the filing entity offer tribal land services? (Y/N)	No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

Page 11

# REDACTED FOR PUBLIC INSPECTION

Page 12

<b>(1000) Voice and Broadband Service Rate Comparability Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
---	---

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASBN-1A
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawent@centek.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 351346IA1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 351346IA1030.pdf

Name of Attached Document

Page 12

<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	051346
<015>	Study Area Name	ACB TEL ASSN-1A
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawent@centek.net

<1100>      Certify whether terrestrial backhaul options exist (Y/N)     

<1130>      Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<b>(1200) Terms and Condition for Lifeline Customers</b>		FCC Form 481
<b>Lifeline</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<b>Data Collection Form</b>		July 2013

<010>	Study Area Code	351246
<015>	Study Area Name	ACE TEL ADDR-1A
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	808966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acetek.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

# REDACTED FOR PUBLIC INSPECTION

Page 15

<b>(2000) Price Cap Carrier Additional Documentation</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASBN-TA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507896211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawentla@centek.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

## Incremental Connect America Phase I reporting

<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support	
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support	
<2022>	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.	
<2024A>	Round 2 Recipient of Incremental Support?	
<2024B>	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	

Page 15



# REDACTED FOR PUBLIC INSPECTION

Page 16

(2000) Price Cap Carrier Additional Documentation (Continued)  
Data Collection Form  
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

## Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

## Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing  
Required Information

<2018> cap carrier used for capital expenditures in 2015.  
Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing  
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

Page 16

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	Yes - Attach Certification
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information 351346IA3010.pdf
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	No - No New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input checked="" type="radio"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> Yes <input checked="" type="radio"/> No
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	<input checked="" type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information 351346IA3026.pdf

# REDACTED FOR PUBLIC INSPECTION

Page 18

(3005) Rate Of Return Carrier Additional Documentation (Continued)		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010> Study Area Code	151346	
<015> Study Area Name	ACR TEL ARSN-IA	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Cynthia #west	
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	cwest@acntek.net	

## Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

Page 18

(4005) Rural Broadband Experiment Additional Documentation  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351246
<015>	Study Area Name	ACE TEL AREA-IA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078566211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cassettecenter.net

**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

**Community Anchor Institutions – FCC 14-98 (paragraph 79)**

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003a, please provide a response for 4003b.

**4003b.** Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

**Broadband Deployment Locations – FCC 14-98 (paragraph 80)**

**4004a.** Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

**4004b.** Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

# REDACTED FOR PUBLIC INSPECTION

Page 20

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASSN-IA
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ACE TEL ASSN-IA	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2016
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 351346	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Page 20

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASSN-IA
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**REDACTED FOR PUBLIC INSPECTION**

*Attachments*

**REDACTED FOR PUBLIC INSPECTION**

<b>(700) Price Offerings Including Voice Rate Data</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	351346
<015>	Study Area Name	ACR TEL A&SN 1A
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	508966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentaek.net

<701> Residential Local Service Charge Effective Date	1/1/2016
<702> Single State-wide Residential Local Service Charge	

<703>

[illegible]



**REDACTED FOR PUBLIC INSPECTION**

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecnec.net

[illegible]

**REDACTED FOR PUBLIC INSPECTION**

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	351344
<015>	Study Area Name	ACE TEL. ASSEN-1A
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawest@accentek.net

<810>	Reporting Carrier	Ace Telephone Association
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association

[illegible]

**REDACTED FOR PUBLIC INSPECTION**

**Study Area Name: Ace Telephone Association**

**SAC: 351346**

**State: Iowa**

**Form 481**

**ATTACHMENT REDACTED IN ENTIRETY**

**112 Five-Year Service Quality of Service Plan**

**113 Maps detailing progress**

**114 Report how much USF support was received**

**115 How much (USF) was used to improve service quality**

**116 How much (USF) was used to improve service coverage**

**117 How much (USF) was used to improve service capacity**

**118 Explanation of network improvement targets not met**

**REDACTED FOR PUBLIC INSPECTION**

**Study Area Name: Ace Telephone Association**

**SAC: 351346**

**State: Iowa**

**Form 481 Line 510 Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

As a local exchange carrier, Ace Telephone Association (Carrier) is obligated to comply with the numerous consumer protections and has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier is in compliance with all applicable and effective public service commission and FCC consumer protection rules and service quality standards. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules. Carrier has also implemented an Identity Theft Prevention Program in accordance with the Federal Red Flags Rule.

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section.

Ace Telephone Association certifies that it has complied with these requirements and will continue to comply with these requirements.

## REDACTED FOR PUBLIC INSPECTION

**Study Area Name: Ace Telephone Association**  
**Study Area Code: 351346**  
**State: Iowa**  
**Form 481 Line Number 610**

### **Certification that the carrier is able to function in emergency situations**

Ace Telephone Association (Carrier) is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve which enables it to provide service for a minimum of eight hours. Carrier's service is consistent with requirements and the obligations to provide service in emergency situations as set forth in § 54.202(a)(2).

Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

Pursuant to Iowa Administrative Rule "199-22.6(5)a-d Emergency Operation" Carrier has

- Established reasonable provisions to meet emergencies resulting from failures of power service, climate control, sudden and prolonged increases in traffic, illness of operators or from fire, explosion, water, storm or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - A minimum of two hours of battery service in each central office.
  - A permanently installed power unit in exchanges exceeding 4,000 lines.
  - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power in the event of emergency in order to prevent or mitigate interruptions or impairment of telecommunications service.
- Has current plan available of emergency operations for board inspection and the plan contains
  - Names and telephone numbers of the telephone company's disaster service coordinator and alternates.

Ace Telephone Association certifies that it has complied with these requirements and will continue to comply with these requirements.

**REDACTED FOR PUBLIC INSPECTION**

**Study Area Name: Ace Telephone Association**

**Study Area Code: 351346**

**State: Iowa**

**Form 481 Line Number 1010**

**Descriptive document for Voices Services Rate Comparability**

The Wireline Competition Bureau announced the results of the Urban Rate Survey for Fixed Voice Services.

“Based on the survey results, the 2016 rate floor for voice services is \$21.93, and the reasonable comparability benchmark for voice services is \$41.07. <sup>3</sup>

<sup>3</sup> Id. At 17694, para. 84”

In all exchanges of Ace Telephone Association, the residential local service rate including any mandatory extended area service charge, federal SLC, and any applicable state fees is less than \$41.07.

Ace Telephone Association certifies that the pricing of its fixed voice services is below \$41.07.

**REDACTED FOR PUBLIC INSPECTION**

**Study Area Name: Ace Telephone Association**

**Study Area Code: 351346**

**State: Iowa**

**Form 481 Line Number 1030**

**Descriptive document for Broadband Service Rate Comparability**

The Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Services.

“To facilitate benchmark calculations, the Bureau will post an Excel file and online tool in which providers can plug the relevant variables to determine the benchmark for specific service characteristics at <http://www.fcc.gov/encyclopedia/urban-rate-survey-data>.”

Ace Telephone Association certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

**REDACTED FOR PUBLIC INSPECTION**

**Study Area Name: Ace Telephone Association**

**Study Area Code: 351346**

**State: Iowa**

**Line 1210 Terms and Condition for Voice Lifeline Plans**

**Lifeline Telephone Assistance Program**

Financial assistance through the Lifeline program is available to help eligible lowans afford and maintain basic telephone service. Lifeline participation enables lowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal program that assists qualified lowans by providing a monthly credit of \$9.25 on the local telephone bill.

Lifeline benefits are limited to one wireline or wireless phone per qualified household. Households eligible for or already receiving Medicaid, Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their income level.

Ace Telephone Association Lifeline service offerings are listed in the Ace Telephone Association Telephone Iowa Service Catalog, Page 64 available on our website under Policies.

All Lifeline subscribers must meet the terms and conditions of the Federal Lifeline Eligibility Rules. Ace Telephone does adhere to all Federal Lifeline eligibility rules and regulations. The number of local minutes provided is unlimited. Toll calls are billed at the carriers' standard rates.

On the following pages is the information regarding low-income telephone assistance that is found on Company's website [www.acentek.net](http://www.acentek.net).

The Lifeline application form is available on the Company's website or will be mailed upon request.



SERVICE CHARGES

A. LIFELINE ASSISTANCE

1. The Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal Lifeline support amount to reduce the Lifeline customer's residential rate.
2. **Eligibility Requirements**  
To be eligible for assistance, an applicant must participate in one of the following:
  - a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
  - b. Food Stamps
  - c. Supplemental Security Income (SSI)
  - d. Federal public housing assistance
  - e. Low-Income Home Energy Assistance Program (LHEAP)
  - f. Persons with income at or below 135% of the Federal Poverty Guidelines
  - g. Temporary Assistance for Needy Family (TANF)
  - h. National School Lunch Program's Free Lunch Program

The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.
3. **Application for Assistance**  
An applicant shall request telephone assistance through completion of a form provided by the Company.
4. **Rates**
  - a. The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit consists of the federal Lifeline support amount to reduce the Lifeline customer's residential rate.
  - b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.



For Sales & Support Call:  
888.404.4940



[Home](#) [Residential](#) [Business](#) [Support](#) [My Account](#) [Company Info](#) [Careers](#)



## LIFELINE

[MINNESOTA / IOWA](#) > [RESIDENTIAL](#) > [VOICE](#) > [LIFELINE](#)

### Low-income Telephone Assistance Plans

#### Residential

##### Voice

On a Limited Income? You can save with Lifeline services from AcenTek. This federal assistance program can help you save on your monthly local phone service.

##### Local Service

##### Services Provided

##### Long Distance

AcenTek provides single-party residential services. This includes access to

##### Voice Mail

1. voice grade to the public switched network,
2. local usage,
3. dual tone, multi-frequency signaling or its functional equivalent,
4. single-party service or its functional equivalent,
5. emergency services,
6. operator services,
7. inter-exchange service,
8. directory assistance, and
9. toll limitation for qualifying low-income customers.

##### Features

##### Internet

##### Video

##### Media

##### AcenTek Assurance

#### Business

#### Customer Support

##### Lifeline

Lifeline provides certain discounts on monthly service for qualified subscribers.

##### How to Qualify

Lifeline is available to qualifying customers in every U.S. state. Qualifications do vary by state, and states with their own programs have their own criteria. In states that rely solely on the federal program, the subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- Income below 135% of the Federal Poverty Guidelines
- Medicaid
- National School Lunch's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including landline or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

Click here to download the two-page certification form (PDF). Call Customer Service for more information.

TAP (Telephone Assistance Plan), available to low-income residents in Minnesota, provides an additional credit to customers that qualify for a Lifeline discount.

### Company

[About Us](#)

### Services

[Residential](#)

### Service Areas

[Iowa](#)



# Lifeline, Link-Up & TAP Programs Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Link-Up is only available for tribal lands, and TAP is only available to Minnesota residents.

(Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Service Address: *(No PO Box)*

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check One: ☐ Permanent Residential Address ☐ Temporary Residential Address *(must verify every 90 days)*

Billing Address: *(If different than residential address above, may include PO Box)*

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_ Telephone Number where you can be reached if not the same:

(\_\_\_\_) - \_\_\_\_\_ Area Code & 7-Digit Number (\_\_\_\_) - \_\_\_\_\_ Area Code & 7-Digit Number

No. of people living in your household \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_

**1. I, or my dependent or member of my household, receive benefits from the following program(s):**

Check and attach documentation for all that apply

- ☐ Medicaid/Medical Assistance
- ☐ Federal Public Housing Assistance or Section 8 Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ National School Free Lunch Program
- ☐ Bureau of Indian Affairs Program (Tribal TANF, Headstart Subsidy)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Food Assistance, Supplemental Nutrition Assistance Program (SNAP)
- ☐ Minnesota Family Investment Program (MFIP)
- ☐ Low-Income Home Energy Assistance (LIHEAP)

**2. I do not receive benefits from any of the programs listed above BUT my income is at or below 135% of Federal Poverty Guideline:** ☐ Yes ☐ No

Please attach one of the documents below if you did not check any boxes in #1.

- ◆ Last year's State, Federal, or Tribal Tax Return
- ◆ Social Security Benefits Statement
- ◆ Veteran's Administration Benefits Statement
- ◆ Retirement/Pension Benefits Statement
- ◆ Unemployment/Workmen's Compensation Statement
- ◆ Divorce Decree
- ◆ Child Support Document
- ◆ Other

**3. I or someone in my household receive Lifeline credits from another source (i.e. cellular phone service).** ☐ Yes ☐ No

\*A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

**4. I live on tribal lands and am applying for a reduction of connection charges from Link-Up.** ☐ Yes ☐ No

*(continued on page 2)*

REDACTED FOR PUBLIC INSPECTION

Lifeline, Link-Up & TAP Programs Certification Form

Page 2

**By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:**

- ◆ I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- ◆ I understand that I must be a part of the household in which Lifeline-supported service is provided.
- ◆ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- ◆ I understand that Lifeline is a federal government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- ◆ I agree to provide documentation of my eligibility, when required to do so.
- ◆ By participating in this government program, I agree to provide my personal information to the national data base. I understand that failure to comply will deny me the Lifeline benefit.
- ◆ I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers and violation would result in de-enrollment and potential prosecution by the United States government.
- ◆ I understand that I may not transfer my service to any other individual.
- ◆ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- ◆ I understand that I must notify my telecommunications provider within 30 days if I no longer qualify for Lifeline service and may be subject to penalties if I fail to do so.
- ◆ If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- ◆ I understand completion of this certification form does not constitute immediate acceptance into this program.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

**Print "Authorized Representative" Name** \_\_\_\_\_ **Daytime Phone Number** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail this form and required documents to:** AcenTek: 207 East Cedar, PO Box 360, Houston, MN 55943  
Any documentation received will be securely retained and will not be shared.

Prompt return of this certification form to AcenTek is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually and must return that form to AcenTek within 30 days to ensure the continuation of assistance benefits.

**SERVICE PROVIDER USE ONLY**

Telephone Number Associated with Lifeline service: \_\_\_\_\_  
Initiation Date: \_\_\_\_\_ De-enrollment Date: \_\_\_\_\_  
Type of Documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits Card ☐ Income Statement ☐ Other  
Identifying Information of Document Submitted: \_\_\_\_\_  
Documentation Expiration Date (if applicable): \_\_\_\_\_  
Name on Documentation (if different from name of applicant): \_\_\_\_\_  
Method Documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically  
Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

4/25/16

**REDACTED FOR PUBLIC INSPECTION**

**Study Area Name: Ace Telephone Association**

**Study Area Code: 351346**

**State: Iowa**

**Form 481 Line Number 3010**

**Milestone Certification (47 CFR §54.313(f)(1)(i))**

Ace Telephone Association hereby certifies that throughout 2015, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream / 1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1Mbps upstream broadband service with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

**REDACTED FOR PUBLIC INSPECTION**

**Study Area Name: Ace Telephone Association**

**SAC: 351346**

**State: Iowa**

**Form 481 Line No. 3026**

**ATTACHMENT REDACTED IN ENTIRETY**